



**APPLICATION FOR SURVIVOR BENEFITS
PROSECUTING ATTORNEYS' RETIREMENT FUND**

State Form 53670 (8-08)

PROSECUTING ATTORNEYS' RETIREMENT FUND
143 West Market Street
Indianapolis, Indiana 46204-2899
Toll Free: 1-888-526-1687

* This agency is requesting disclosure of Social Security Numbers in accordance with IRS Code 3405; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please submit a copy of both the deceased member's and the surviving spouse's birth certificate. Documents showing the date of birth may be a photocopy of a birth certificate, a baptismal or confirmation certificate, or a court decree. Attach an English translation to any foreign document.
 2. Please submit a copy of the member's death certificate.
 3. Please submit a copy of the marriage license.
 4. Please have this application notarized.
 5. All of the above items must be provided; this application will not be processed without them.

DECEASED MEMBER INFORMATION

Name of deceased member (<i>first, middle, last</i>) - Please provide full name; do not use initials.		Social Security Number *
Address at time of death (<i>number and street, city, state, and ZIP code</i>)		
Date of birth (<i>month, day, year</i>)	Date of death (<i>month, day, year</i>)	

SURVIVING SPOUSE INFORMATION

Name of surviving spouse (<i>first, middle, last</i>) - Please provide full name; do not use initials.		Social Security Number *
Permanent mailing address (<i>number and street, city, state, and ZIP code</i>)		
Telephone number ()	Date of birth (<i>month, day, year</i>)	Date of marriage to deceased member (<i>month, day, year</i>)
Signature of surviving spouse		Date (<i>month, day, year</i>)

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____	
SS:	
COUNTY OF _____	
The above information was subscribed and sworn to me this _____ day of _____, 20_____.	
Signature of notary public	Printed name of notary public
County of residence	Date commission expires (<i>month, day, year</i>)